

**Physical Therapy Board of California****Consumer Protection Services Program**

2005 Evergreen Street, Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 FAX : (916)263-2560 TOLL FREE 1-800-832-2251

Internet: [www.ptb.ca.gov](http://www.ptb.ca.gov) Email: [cps@dca.ca.gov](mailto:cps@dca.ca.gov)**CONSUMER COMPLAINT FORM**

Print or Type

**Person Registering the Complaint**

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> <b>First Name:</b>	<b>M.I.:</b>	<b>Last Name:</b>
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Telephone Number:</b> (     )	<b>Mobile Telephone Number</b> (optional): (     )	
<b>Work Telephone Number:</b> (     )	<b>E-Mail Address</b> (optional):	
<b>Patient's Full Name:</b>		
<b>Patient's Date of Birth:</b> (month / day/year)		
<b>Your Relationship to the Patient:</b>		

I wish to submit a complaint about the individual named below. I understand that the Physical Therapy Board of California cannot seek restitution for damages, not provide legal advice, or assist with lawsuits. However, I am submitting this information so that the Board determine whether disciplinary action should be taken against the practioner's license.

**Complaint is Registered Against**

Check One: <input type="checkbox"/> <b>Physical Therapist</b> <input type="checkbox"/> <b>Physical Therapist Assitant</b> <input type="checkbox"/> <b>Physical Therapy Aide</b> <input type="checkbox"/> <b>Other</b>		
<b>First Name:</b>	<b>M.I.:</b>	<b>Last Name:</b>
<b>License No.</b> (il known):		
<b>Office/Facility Name:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b> (     )		
<b>Has the patient been examined/treated by another professional for this same condition?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b>		
If yes, provide name and address on Authorization for Release of Medical Information		
<b>Reason for Treatment:</b>		
<b>Date(s) of Treatment:</b>		

# CONSUMER COMPLAINT FORM

## Nature of Complaint

The specific California statutes and regulations governing the practice of physical therapy are contained in the Physical Therapy Practice Act (Business and Professions Code 2600-2696, Title 16, California Code of Regulations, Division 13.2), and other pertinent sections of the Business and Professions Code.

**Check the box that best describes the nature of your complaint:**

- ☐ **Substandard Care** (e.g. Negligent Treatment, Delay in Treatment, ect.)
- ☐ **Unlicensed Provider or Aiding/Abetting – Unlicensed Practice**
- ☐ **Sexual Misconduct**
- ☐ **Unprofessional Conduct** (e.g. Breach of Confidence, Record Alteration, Fraud, Misleading Advertising, Arrest or Conviction)
- ☐ **Office Practice** (e.g. Failure to Provide Medical Records to Patient, Failure to Sign Death Certificate, Patient Abandonment)
- ☐ **Provider Impairment** (e.g. Drug, Alcohol, Mental, Physical)
- ☐ **Other**

Notice: Pursuant to Section 129 of the Business and Professions Code, "...Each board shall, upon receipt of any complaint respecting a licensee thereof, notify the complainant of the initial administrative action taken on his complaint within ten days of receipt..."

### Details of Complaint (Attach additional sheets if necessary)

[illegible]

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## Resolution of Complaint

**What is your expected resolution regarding this complaint?** (Please take note that your response to this section will not alter the Board's decision.)


## INFORMATION COLLECTION, ACCESS AND DISCLOSURE

**Collection and Use of Personal Information.** The Executive Office of the Physical Therapy Board of California maintains the information you provide on this complaint form. The information is requested pursuant to Business and Professions Code Sections 325 and 326.

**Providing Personal Information Is Voluntary.** You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, we may not be able to contact you or help you resolve your complaint.

**Possible Disclosure of Personal Information.** Your completed complaint form becomes the property of the Board and will be used by authorized personnel as appropriate. Information concerning your complaint may be transferred to other governmental or law enforcement agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the Physical Therapy Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, (916) 561-8200, or email [cps@dca.ca.gov](mailto:cps@dca.ca.gov). You have the right to review the records maintained on you by the Board unless the records are exempt by section 1798.40 of the Civil Code.